



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
REAL ESTATE APPRAISER COMMISSION
500 JAMES ROBERTSON PARKWAY, SUITE 620
NASHVILLE, TENNESSEE 37243
615-741-1831

Licensed/Certified Renewal Notice

LICENSED/CERTIFICATION NUMBER _____

Expiration Date _____

Name: _____

Address: _____

E-Mail Address: _____

Renewal Fee.....\$400.00

**Payment and 28 hours of continuing
education must be received in this office 30
days prior to expiration date or late fee of
\$100.00 applies.**

Total Amount Due.....\$ _____

Amount Paid.....\$ _____

Please indicate the type of address change by marking an
"X" in the appropriate box below. An additional \$25.00 is
required for address changes.

☐ Business ☐ Home ☐ Mailing

Phone: _____

Fax
Number _____

Address _____

E-Mail Address: _____

Return To:

**State of Tennessee
Real Estate Appraiser Commission
500 James Robertson Parkway Suite 620
Nashville, Tennessee 37243-1166**

PROOF OF 28 HOURS OF CONTINUING EDUCATION IS REQUIRED